FORM D-2	REPORT OF CAMPAIGN CONTRICHECK APPROPRIATE BOXES—PLEATION (Check one:) [Check one:) Final Report (Fund balance of the Report of the Report)	2 nd 3 rd 4 th on Line E must be \$0)	JAN 1 8 2022 State Board of Elections Springfield Office		
Full name and complete mailing add		CHECK FOR ADDRESS CHANGE	COMMITTEE ID #		
Wheatland Towns 13203 Ione Stri Plainfield, IL 6	0565	rganization :	704-13		
E-mail address: 10+ k15 & Sb	cglobal het oc	HECK FOR E-MAIL ADDRESS CHANGE			
10/11/21 12/31/21 OF REPO	VAILABLE AT BEGINNING DRTING PERIOD: 12,872.37 Is amount in SECTION D, Line (A)	ALL POLITICAL COMMITT STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR SPRINGFIELD, IL 62704-4503 E-MAIL: D2@ELECTIO	STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STE LL-08 CHICAGO, IL 60602-3026		
SECTION A — RECEIPTS		SECTION B — EXPENDITURES			
1. Individual Contributions a. Itemized (from Schedule A) b. Not-Itemized: 2. Transfers In a. Itemized (from Schedule A) b. Not-Itemized: 3. Loans Received a. Itemized (from Schedule A)	\$ <u>O.68</u> (1b) \$ <u>O.89</u> (2a) \$ <u>O.89</u> (2b)	 6. Transfers Out a. Itemized (from Schedule B) b. Not-Itemized: 7. Loans Made a. Itemized (from Schedule B) b. Not-Itemized: 8. Expenditures a. Itemized (from Schedule B) 	\$		
b. Not-Itemized	\$(3b)	b. Not-Itemized	\$ 202.84(8b)		
4. Other Receipts a. Itemized (from Schedule A) b. Not-Itemized TOTAL RECEIPTS (1a thru 4b)	\$ <u>C. 60</u> (4b) \$ <u>600.00</u> (TR)	9. Independent Expenditures a. Itemized (from Schedule B- b. Not-Itemized TOTAL EXPENDITURES (6a thru	\$ <u>C.60</u> (9b) 19b)\$ <u>1,786.00</u> (TE)		
5. In-Kind Contributions a. Itemized (from Schedule I): b. Not-Itemized TOTAL IN-KIND (5a + 5b) ***********************************	\$	SECTION C — DEBTS (Include previously reported to the control of t	\$(10a) \$(10b) \$(18b)		
1		reporting peri	6 12 10 00		

Funds available at close of reporting period (C minus D): \$ Investments total (if applicable): \$

Total Receipts from Section A (TR): \$

Total Expenditures from Section B (TE): \$

Total cash (A) plus (B): \$

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

NAME OF POLITICAL COMMITTEE:	F	EPORTING PERIOD	FOR OFFICE USE ONLY		
	10/11	21 12/31/21			
	FF	ROM THRU			
SCHEDU	ΙFΑ	·			
RECEIP	-				
CHECK THE PART OF FORM D-2, SE	_	G ITEMIZED:			
PART #1- INDIVIDUAL CONTRIBUTIONS INCLUDING TICKETS AND RAFFLE SA	POLITICAL COMMITTEE IDENTIFICATION				
TRANSFERS IN PART #2- POLITICAL COMMITTEE CONTRIBUT INCLUDING TICKET AND RAFFLE SA	No. 704				
SEE PAMPHLET "A GUID	E TO CAMP	AIGN DISCLOSURE" FOR	GUIDAN	ICE.	
ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH REC	l	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD	
Greg Nichols	10/28/21	\$ 600.	00	\$ 600,00	
25200 Round Barn Road Plainfield 11 60585		The Automation Tec	ch Weta	OCCUPATION:	
_		\$		\$	
		EMPLOYER:		OCCUPATION:	
		\$		\$	
		EMPLOYER:		OCCUPATION:	
		\$		\$	
		EMPLOYER:		OCCUPATION:	
		\$		\$	
		EMPLOYER:		OCCUPATION:	
		\$		\$	
		EMPLOYER:		OCCUPATION:	
	\$			\$ 	
		EMPLOYER:		OCCUPATION:	
		\$ EMPLOYER:		OCCUPATION:	
		\$ EMPLOYER:		\$ OCCUPATION:	
	<u></u>	EMPLOYER:		OCCUPATION:	
USE A SEPARATE SCHEDULE A FOR EACH PA	ARTS 1, 2, 3, 8	k 4 TOTAL	THIS PER	RIOD \$ 600.	

NAME OF POLITICAL COMMITTEE:		REPORTING PERIOD		FOR OFFICE USE ONLY		
		10/1/21	12/31/	21		
	_	FROM	THRU			
SCHE	EDULE	B				
	NDITURE	- 				
CHECK THE PART OF	FORM D-2 BEIN	IG ITEMIZED:			POLITICAL (COMMITTEE
CHECK THE PART OF FORM D-2 BE		PART #7	LOANS MADE		J	ITIFICATION No.
EXPENDITURES TO POLITICAL COMMITTEES - INCLUDING TICKET & RAFFLE PURCHASES		PART #8 EXPENDITURES			704	
SEE PAMPHLET "/	A GUIDE TO (CAMPAIGN D	ISCLOSURE"	' FOR	GUIDANCE	
ITEMIZED EXPENDITURES FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE OF EXPENDITURE	PURPOSE	BENEFICIARY	EXPE RI	UNT OF EACH NDITURE THIS EPORTING PERIOD	AGGREGATE AMOUNT THIS REPORTING PERIOD
Bolingbrook Golf Club 2001 Rodeo Drive Bolingbrook, 1L	10/8/21	meeting costs	WTRO	3	40.41	
Bolingbrook Golf (lub	10/13/21	meeting costs/ food	WTRO	1	30,50	
Belingbrock Golf (lub	11/8/21	meeting Costs	WTRO	13	30.50	601.41
Costco Whole sale 162615 Bayevard Pl. Plainfield, IL 60586	12/12/21	postage	WTRO	9	81.75	981.75
						- 1,583,16
JSE SEPARATE SCHEDULE B FOR EACH P.	ARTS 6, 7, & 8		7	OTAL	THIS PERIOD S	1/200,14

PAGE ____

REVISED 1/1/11

THIS FORM MAY BE REPRODUCED